



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3830

<b>SERIAL NUMBER</b> 10/001,710	<b>FILING DATE</b> 10/31/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 20066-86
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**  
Shlomo Ben-Haim, Haifa, ISRAEL;  
Nissim Darvish, Haifa, ISRAEL;  
Maier Fenster, Petach Tikva, ISRAEL;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CON OF 09/723,989 11/28/2000 PAT 6,330,476  
WHICH IS A CON OF 09/101,723 08/13/1998 PAT 6,317,631 \*  
WHICH IS A 371 OF PCT/IL97/00012 01/08/1997  
WHICH CLAIMS BENEFIT OF 60/009,769 01/11/1996:  
AND CLAIMS BENEFIT OF 60/011,117 02/05/1996  
AND CLAIMS BENEFIT OF 60/026,392 09/16/1996  
(\*) Data inconsistent with PTO records.  
*CHZ 2/4/03*  
*AND CLAIMS BENEFIT OF 08/595,365 02/01/1996 PAT. 5,738,096*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
ISRAEL 116,699 01/08/1996  
ISRAEL 119,261 09/17/1996  
*CHZ 2/4/03*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 01/08/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Carl H. Layno CHZ</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
--	--	-----------------------------------	-----------------------------	--------------------------	--------------------------------

**ADDRESS**  
William H. Dippert  
Cowan, Liebowitz & Latman, P.C.  
1133 Avenue of the Americas  
New York, NY 10036-6799

**TITLE**  
Electrical muscle controller

<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
-----------------------------------	---	--